

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SHANNONDELL INC

LEGAL ENTITY

To operate THE MEADOWS AT SHANNONDELL

NAME OF FACILITY OR AGENCY

Located at 6000 SHANNONDELL DRIVE, AUDUBON, PA 19403

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 58
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 18

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 31, 2013 until March 31, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 128370

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

FEB 13 2013

Mr. Dan Freed, VP of Health Services
Shannondell, Inc.
The Meadows at Shannondell
6000 Shannondell Drive
Audubon, Pennsylvania 19403

Dear Mr. Freed:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 4, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.


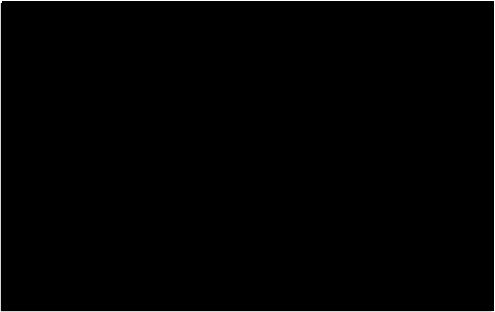
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: THE MEADOWS AT SHANNONDELL		License Number: 128370
Address: 6000 SHANNONDELL DRIVE, AUDUBON, PA 19403		County: Montgomery
Administrator: Ruthie Stubblebine		Region: SOUTHEAST
Legal Entity Name: SHANNONDELL INC		
Legal Entity Address: 10 000 SHANNONDELL DRIVE, AUDUBON, PA 19403		
Certificate(s) of Occupancy		
Other 11/28/2005 Department of Health	Other 12/12/2005 Lower Providence Twp	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 67	Waking Staff: 50
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
12/04/2012: Scharpf, Amy; Brewer, Roslyn		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 58 Number of Residents Served: 43 Secured Dementia Care Unit in Home: Yes Area: Secured Dementia Unit Capacity, if Applicable: 18 	Number of Residents who: 	

Violation Report: 58128 - 12/04/2012 - Scharpf, Amy
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600
 2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION
 Raw and cooked foods which were not dated were stored side by side in the refrigerator of the home's main kitchen. The raw foods could contaminate the cooked foods.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 1) the foods identified during the survey were separated and stored correctly immediately.
- 2) the dining manager completed an inspection of other resident refrigerators in the facility to verify proper food storage.
- 3) the dining staff members were in-serviced on food storage expectations.
- 4) the dining department implemented a new department checklist that is completed on a routine basis to ensure food is stored correctly.
- 5) the dining supervisor is responsible to verify that the check list is completed at the close of each shift.
- 6) this will be completed by January 8, 2013.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ruthie Stubbe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RUTHIE STUBBE, PCAA* Date *12.28.12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/18/13 (Date)

Plan of correction implementation status as of 1/18/13 (Date)

The above plan of correction was approved by DEM (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 58128 - 12/04/2012 - Scharpf, Amy
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 The following opened, leftover foods in the storage area of the home's main kitchen were not dated:

- 2 bags of bow tie pasta
- 1 bag of spaghetti
- jar of pickles

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 1) The food identified during the survey was dated immediately.
- 2) The dining manager completed a walk through in the food storage area to verify that all food was dated and labeled correctly.
- 3) The dining staff was in-serviced on food storage expectations.
- 4) The dining department implemented a new dining checklist to verify food storage expectations.
- 5) The dining check list is completed on a routine basis and the dining supervisor is responsible to verify that is completed.
- 6) The above items will be completed by January 8, 2013.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Ruthie Strubbe*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ruthie Strubbe, PCHA* Date *12-28-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/8/13
 (Date)

The above plan of correction was approved by CRM
 (Initials)

Plan of correction implementation status as of 1/28/13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 58128 - 12/04/2012 - Scharpf, Amy
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 55 Pa.Code §2600
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's emergency procedures are not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1) A copy of the facility emergency preparedness plan will be placed in a conspicuous place in the home.
 The home's administrator will check that the plan is posted weekly.
 J.C.M.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ruthie Stubblebine*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RUTHIE STUBBLEBINE, PCHA* Date *12-28-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/18/13
 (Date)

Plan of correction implementation status as of 1/18/13
 (Date)

The above plan of correction was approved by JCM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 58128 - 12/04/2012 - Scharpf, Amy
 PCH Name: THE MEADOWS AT SHANNONDELL

1. REGULATION 56 Pa.Code §2600
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the SDCU on 9/14/12. The resident's initial support plan was developed on 9/28/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 1) Resident #1's support plan was completed prior to 9/28/12 and signed on 9/28/12. Since it was completed in its entirety, it can not be modified.
- 2) The PC Administrator or designee will complete an audit of all Resident support plans to verify that they have been completed timely.
- 3) ~~On 12/28/12~~ New admission support plans will be audited by two PC Administrators to verify that they are completed according to requirements.
- 4) The PC coordinator and other staff responsible for completing support plans will be in-service.
- 5) The above mentioned items will be completed by January 8, 2013.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Ruthie Spahr

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Ruthie Spahr, PCHA

Date 12.28.12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/18/13
 (Date)

Plan of correction Implementation status as of 1/18/13
 (Date)

The above plan of correction was approved by CSM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented